

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	3					
12	3					
13	2					
14	2					
15	3					
16	2					
17	3					
18	1					
19	1					
20	1					
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39	1					
40	1					
41	1					
42	1					
43	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.						
TOTAL CLAIMS	5	7				

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS	5	7										